

Name
in
Full

Catharine A. Booker

CERTIFICATE OF DEATH

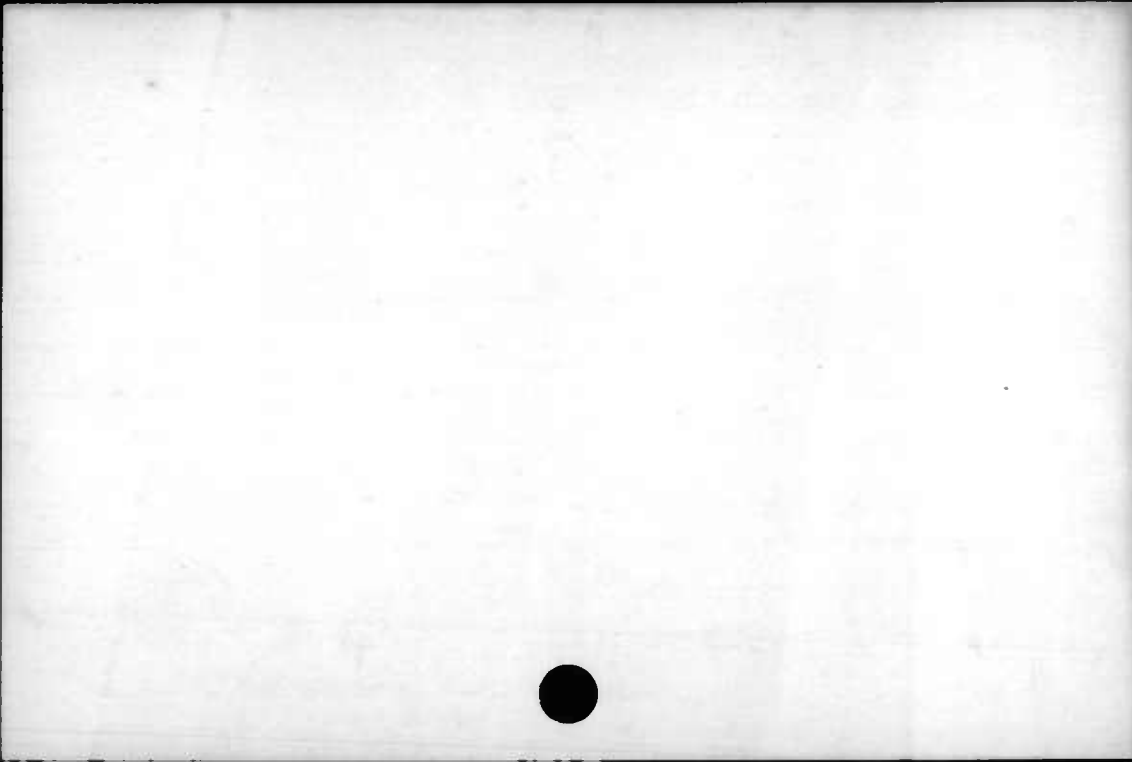
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Barclay		County ^{County} 2, Anne		MARYLAND	
Date of death 1903	Month 11	Day 24	Age 1	Years 18	Months Days
Sex Female	Color or Race White	Birth-place Ad			
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name John I. Booker			Father's Birthplace Ad		
Mother's Maiden Name Kella E. Booker			Mother's Birthplace Ad		
Name of person giving information L. J. Booker			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hooping Cough	How long	2 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	L. E. Graham
		Address	Ingle side Ad
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
Perry Brown		Town		County	
Died at <i>2nd</i> <i>Smithville</i>		<i>L. A.</i>		MARYLAND	
Date of death 190 <i>3</i>		Month <i>11</i>	Day <i>13</i>	Age Years <i>65</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Kent Co.</i>	
Married, Single or Widowed <i>Married</i>		Occupation			
Name of Wife or Husband <i>Mary F. Brown</i>					
Father's Name <i>Lloyd Brown</i>				Father's Birthplace <i>Kent Co.</i>	
Mother's Maiden Name <i>Maria Brown</i>				Mother's Birthplace <i>Kent Co.</i>	
Name of person giving information <i>Robert Brooks</i>				How related to deceased <i>Wife</i>	
CAUSES OF DEATH					
Primary <i>Valvular Heart disease</i>				How long <i>1 yr</i>	
Immediate <i>Exhaustion</i>				How long <i>1 wk</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>Wm. E. Gullett</i>	
				Address <i>Smithville</i>	
Accident or Suicide? <i>No</i>					

This Report Satisfactory To
me

David P. Richards
Justice of the Peace
and Coroner

Name
in
Full

No Name Butler

CERTIFICATE OF DEATH

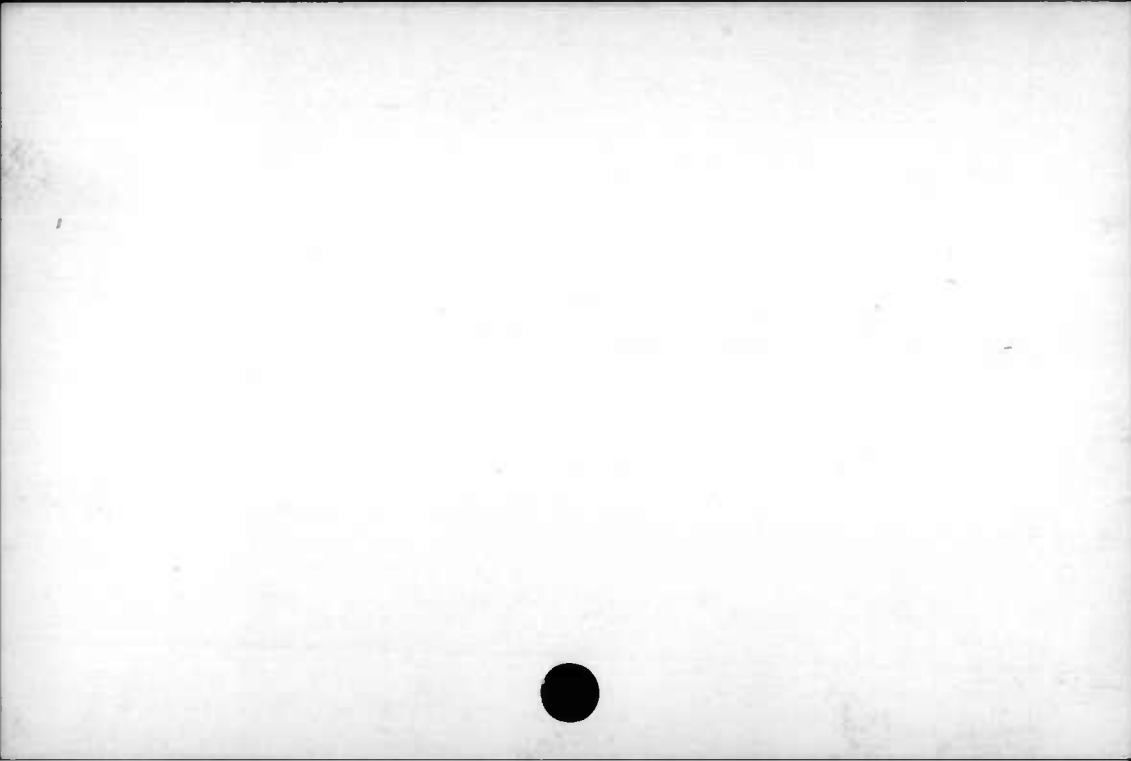
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 1903	November	10			2		
Sex	Color or Race		Birth-place				
Male	Black						
Married, Single or Widowed			Occupation				
Name of Wife or Husband			Sarah Butler				
Father's Name			No husband 79				
Mother's Maiden Name			Sarah Butler				
Name of person giving information			How related to deceased		Caroline Co		
Silas Myers							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	No Physician	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Silas Myers	
	Address Barclay	
	Ma	
Accident or Suicide?		



Name
in
Full

W. W. Canale

CERTIFICATE OF DEATH

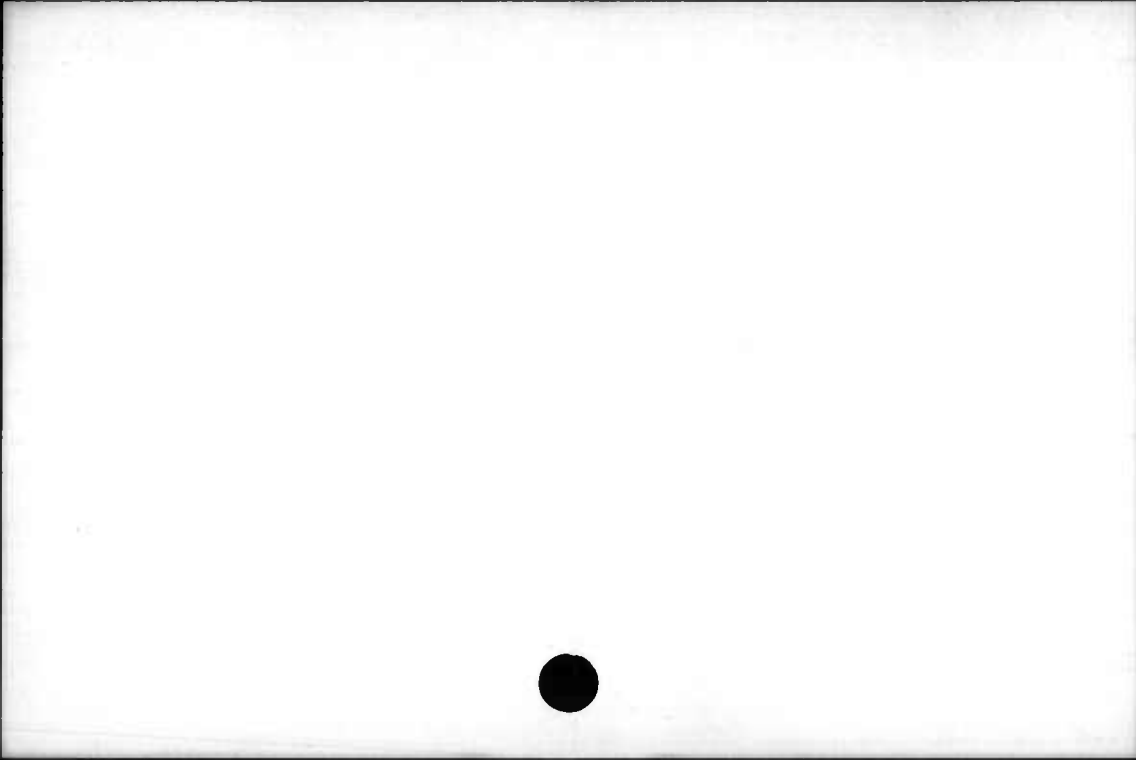
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wye</u> ^{Town}		<u>Queen Anne's</u> ^{County}		MARYLAND	
Date of death <u>1903</u>	Month <u>Nov</u>	Day <u>14</u>	Age <u>64</u>	Years	Months
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Talbot Co</u>		
Occupation <u>Oysterman</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>John W Canale</u>			
Father's Name <u>John W Canale</u>			Father's Birthplace <u>Talbot Co</u>		
Mother's Maiden Name			Mother's Birthplace <u>Talbot Co</u>		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Apoplexy</u>	How long <u>one week</u>
Immediate <u>Effusion on brain</u>	How long <u>2 or 3 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chas Corbett</u>
	Address <u>Queenstown Md</u>
Accident or Suicide?	



Name
in
Full

Edward Tringfield Conegys.

CERTIFICATE OF DEATH

MARYLAND

Died *Queen Anne*

Town

Queen Anne

County

Date

of death 1903

Month

Nov

Day

29.

Age

Years

Months

8

Days

22.

Sex

*Male*Color or
Race*White*Birth-
place*Queen Anne Co.*Married, Single
or Widowed*—*

Occupation

*—*Name of Wife or
Husband*—*Father's
Name*Edward Conegys.*Father's
Birthplace*Ind.*Mother's
Maiden Name*Louisa Biggans*Mother's
Birthplace*Ind.*Name of person giving
In formation*Eliza Biggans*How related
to deceased*Niece*

CAUSES OF DEATH

Primary

Tuberculosis

How long

Three months

Immediate

Convulsions - Meningitis

How long

*5 days.*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*W. F. Butler*

Address

Killbuck Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Pauline Corkey

CERTIFICATE OF DEATH

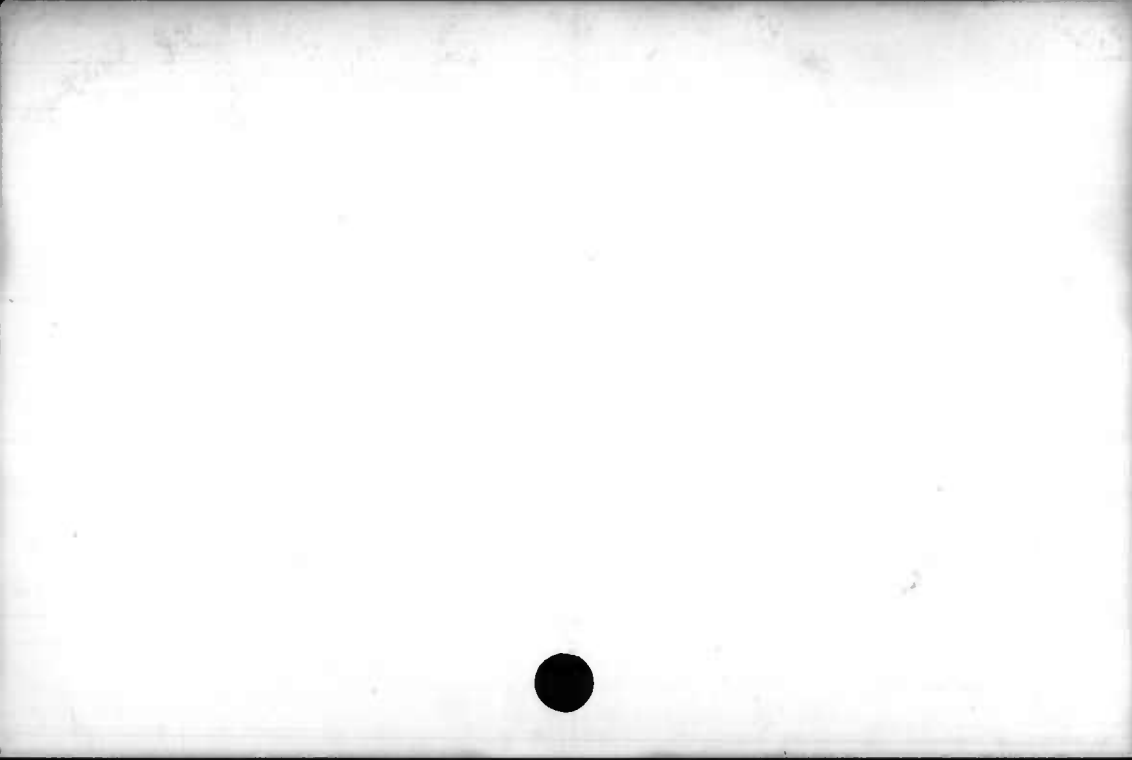
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Queensston</u> Town		<u>Queen Ann Co</u> County		MARYLAND	
Date of death <u>1903</u>	Month <u>Nov</u>	Day <u>28</u>	Age <u>4</u>	Months <u>9</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Queensston</u>			
Occupation <u>Child</u>	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Benjamin E Corkey</u>	Father's Birthplace <u>Queensston</u>				
Mother's Maiden Name <u>Hannett E Magnis</u>	Mother's Birthplace <u>Baltimore Md</u>				
Name of person giving Information <u>Self</u>	How related to deceased <u>Grandfather</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia Bronchial</u>	How long <u>12 days</u>
Immediate <u>Supercutaneous syphonosis</u>	How long <u>a few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chas Corkey M.D</u>
	Address <u>Queensston</u>
Accident or Suicide?	



Name
in
Full

Samuel Cooper

CERTIFICATE OF DEATH

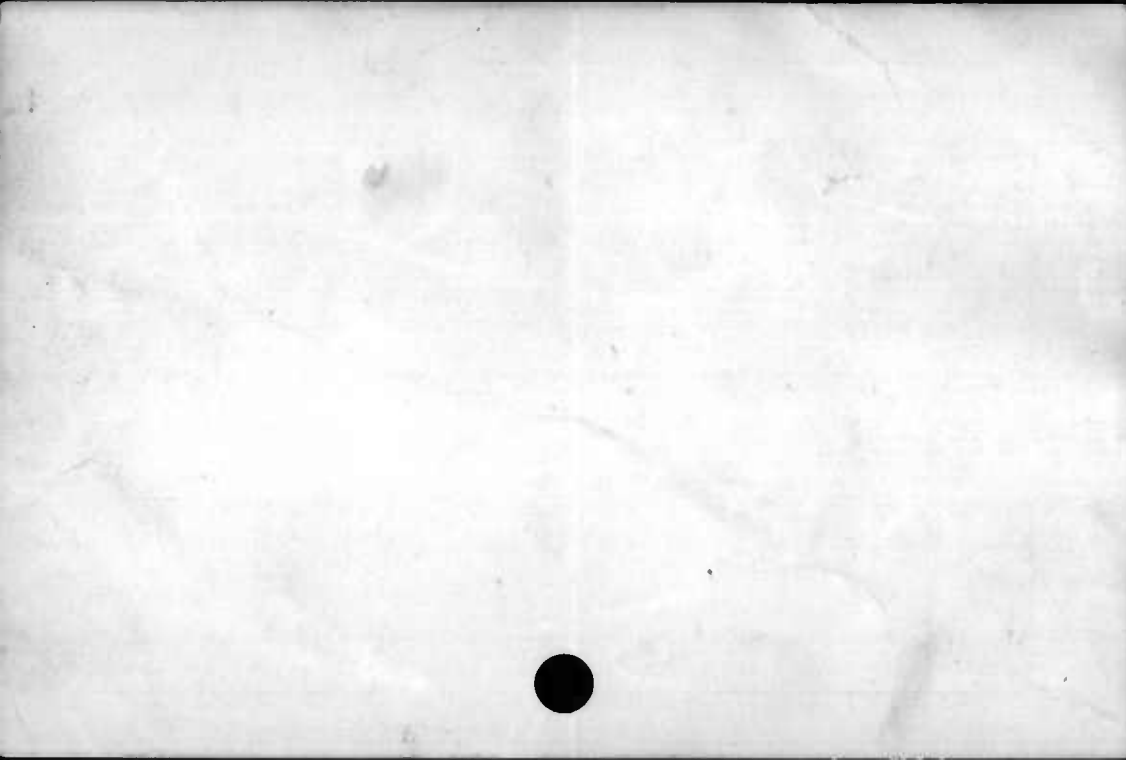
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Sudersville</i>		Town <i>Sudersville</i>		County <i>Furnace</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>11</i>	Day <i>20</i>	Years <i>27</i>	Months <i>1</i>	Days <i>19</i>		
Sex <i>Male</i>		Color or Race <i>Not recorded</i>		Birth-place			
Married, Yes or Widowed		Occupation <i>Farm Hand</i>					
Name of Wife or Husband <i>Mary S Cooper</i>							
Father's Name <i>James F Cooper</i>				Father's Birthplace <i>Lawrence, Kansas</i>			
Mother's Maiden Name <i>Jamie C Blackston</i>				Mother's Birthplace <i>Lawrence, Kansas</i>			
Name of person giving information <i>Foster Sudler</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cold</i>	How long <i>very short</i>
Immediate <i>Typhoid Pneumonia</i>	How long <i>ten days</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>Foster Sudler</i>
	Address <i>Sudersville, Mo.</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

No name

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Centerville</i>		Town <i>2.A. Leo</i>		County		MARYLAND	
Date of death <i>1903</i>	Month <i>11</i>	Day <i>9</i>	Age	Years	Months <i>1</i>	Days <i>14</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>near Centerville</i>				
Occupation <i>nursing</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Elyah Green</i>		<i>150</i>		Father's Birthplace <i>2.A. Leo</i>			
Mother's Maiden Name <i>Mary Zumbly</i>		Mother's Birthplace <i>Subot Leo</i>					
Name of person giving Information <i>Elyah Green</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Don't Know - Probably defective</i>	How long	<i>all life</i>
Immediate	<i>Don't Know - died suddenly</i>	How long	<i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. M. Orkman</i>	
		Address <i>Centerville</i>	
Accident or Suicide? <i>no</i>		<i>2.A. Leo</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ingleside</i> ^{Town}		<i>S.A.</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>11</i>	Day <i>18</i>	Age <i>30</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>Brack</i>		Birth-place <i>Id</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Laborer</i>		
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name <i>Kitty Green</i>				Mother's Birthplace <i>Id</i>	
Name of person giving information <i>James Bordley</i>				How related to deceased <i>Born</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Exhaustion</i>	How long <i>2 yrs</i>
Immediate <i>Prostration</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Eastbrook</i>
	Address <i>Ingleside</i>
	<i>Id</i>
Accident or Suicide?	

Lruspel

Name In Full

Certificate of Death

Died at *Centreville Q. H. Co* MARYLAND
 Date 19*03* *Nov* *30* Month Day Y. M. D. Age *35* Native of *md* Occupation *laborer*
 Male ☒ Female ☐ Married ☒ Widow ☐ Divorced ☐ Number of children living *7*
 Husband of *Mr Hawkins* Mother's *Mary Hawkins*
 Wife Maiden Name
 Cause of Death { Primary *Left degeneration of heart 3 yrs* How long sick
 { Immediate *paralysis of heart* Accident, Suicide, Homicide
 Reported by *212 Perry md*
 Address *Centreville md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 79893



Name
in
Full(*unmarried*)

CERTIFICATE OF DEATH

Died <i>Jan</i> <i>Tilghmans Sta</i> <small>Town</small>		<i>Queen Anne</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Month</small>	<i>11</i> <small>Day</small>	<i>25</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>21</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Tilghmans Sta</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>John Holliday</i>			Father's Birthplace <i>Kent Co Ind</i>		
Mother's Maiden Name <i>Mrs Robinson</i>			Mother's Birthplace <i>Kent Co</i>		
Name of person giving Information <i>Henry Robinson</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

Primary <i>Whooping Cough.</i>	How long <i>2 wks</i>
Immediate <i>Exhaustion</i>	How long <i>3 da.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. E. G. Gullett</i>
	Address <i>Templeville</i>
Accident or Suicide? <i>—</i>	

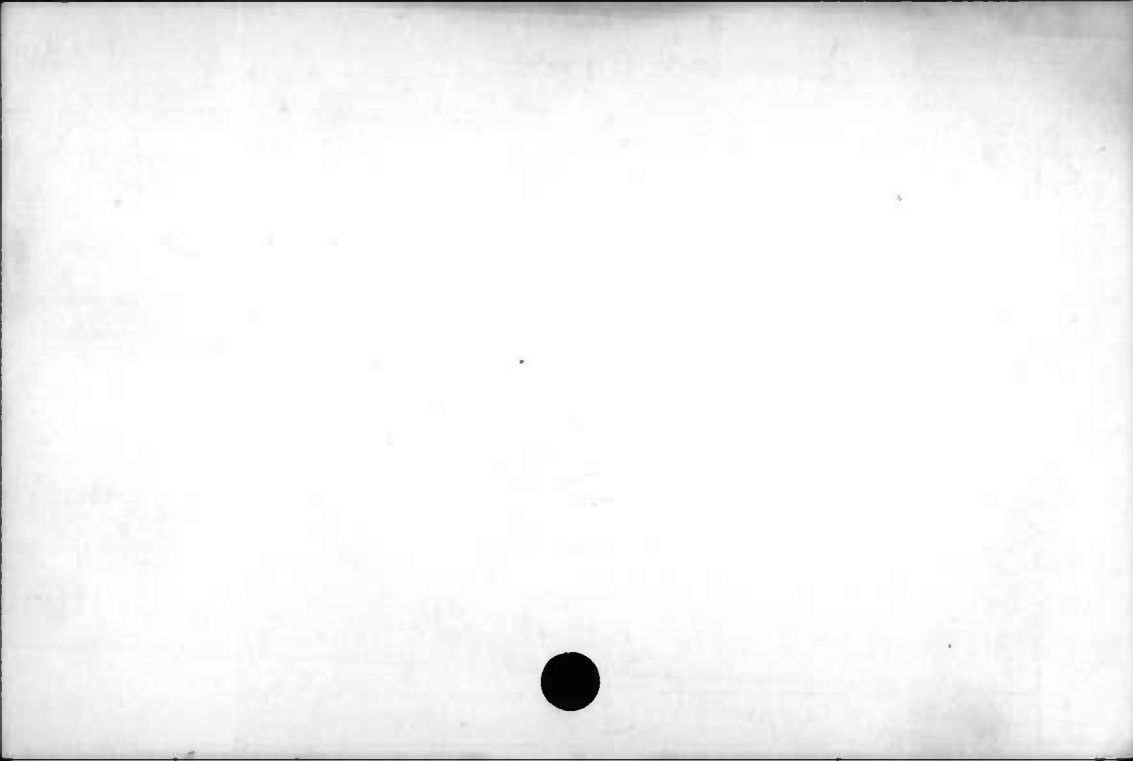
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Strandbrook

Church Hill

ms

Name in Full		Charles H. Johnson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town	Haydens		County	Greenbush	
	Date of death 1903	Month	Day	Years	Months	Days	
		Nov	13	21	10		
	Sex	Male		Color or Race	Colored		
	Married, Single or Widowed	Single		Occupation	Laborer.		
	Name of Wife or Husband						
	Father's Name	Thomas Johnson		Father's Birthplace	Va		
Mother's Maiden Name	Eliza Jenkins		Mother's Birthplace	S. C. C. Ind			
Name of person giving information	Ashery Johnson		How related to deceased	Stephson			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Tuberculosis			How long	2 years.	
	Immediate	Asthma			How long	2 weeks.	
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	W. H. Cooppage	
					Address	Church Hill	
						Ind.	
Accident or Suicide?							



Name
in
Full

Unknown found drowned identified after burial as Chas H Lempfert

CERTIFICATE OF DEATH

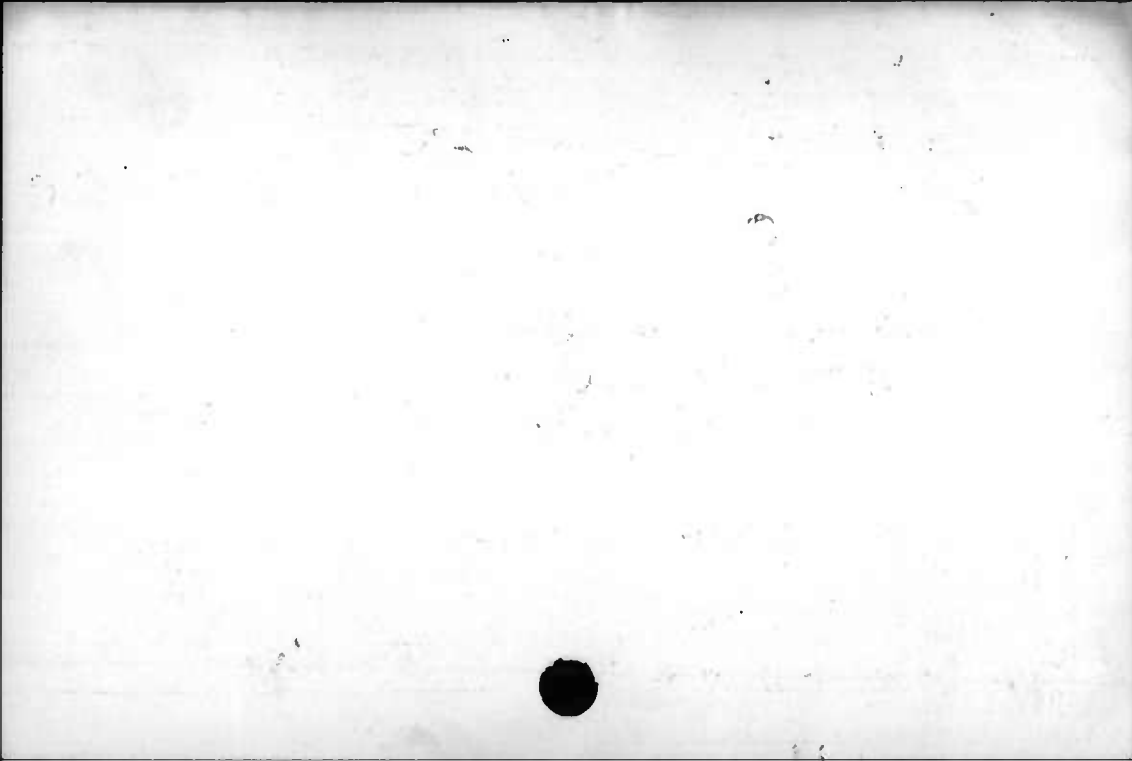
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Long Point</i> ^{Town}		<i>Curran</i> ^{County}		MARYLAND	
Date of death	1903	Month	April	Day	16
Age		27		Years	
Sex	Male	Color or Race	white	Months	
Occupation	Laborer		Birth-place	Brooklyn N.Y.	
Where Residing if not at place of death					
Married, Single or Widowed	single		Name of Wife or Husband		
Father's Name	Henry Lempfert			Father's Birthplace	
Mother's Maiden Name	Katie Dasher			Mother's Birthplace	
Name of person giving information	Henry Lempfert			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Accidentally drowned</i>		How long	
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Robt F Crooks Jr</i>	
<i>yes</i>		Address	<i>Stevensonville Md</i>	
Inquest held Mar 24				
Accident or Suicide?		<i>body unclaimed as unknown claimed by family of Chas H Lempfert</i>		



TO BE ANSWERED BY
NEAREST FRIEND

Roy Ephraim R. McGinnis

CERTIFICATE OF DEATH

MARYLAND

Died at		Town		County			
Millington		Queen Anne's					
Date	Month	Day	Age	Years	Months	Days	
of death 190 3	Nov	11	13		2	27	
Sex	Male		Color or Race	White		Birth-place	Neo
Married, Single or Widowed			Occupation				
			Farmer				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Thos. H. McGinnis				Queen Anne's			
Mother's Maiden Name				Mother's Birthplace			
Ella L. Spurr				Bellevue			
Name of person giving information				How related to deceased			
Thos. H. McGinnis Father				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	act coroner Geo. C. Johnson
	Address
	Millington Md
Accident or Suicide?	

Name
in
Full

Wilhelmina Peters

CERTIFICATE OF DEATH

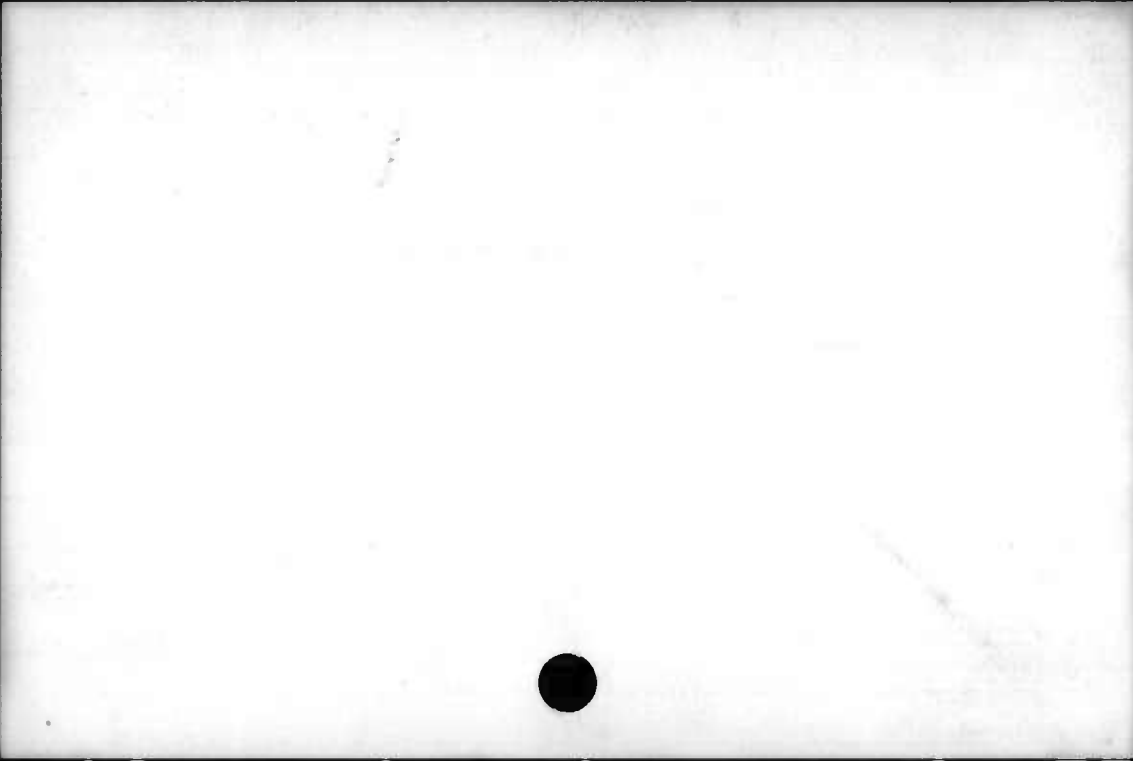
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Peters Corner</i> ^{Town}		<i>Queen Anne</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>11</i>	Day <i>13</i>	Age <i>55</i>	Years <i>55</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>L. A. Co.,</i>		
Occupation <i>Housework</i>			Where Residing if not at place of death <i>Home</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>— 43</i>			
Father's Name <i>Wesley Peters</i>			Father's Birthplace <i>L. A. Co.,</i>		
Mother's Maiden Name <i>M Martha Wallace</i>			Mother's Birthplace <i>L. A. Co.,</i>		
Name of person giving Information <i>John, E. Everett</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Uterine Cancer</i>	How long <i>1 yr</i>
Immediate <i>Exhaustion</i>	How long <i>3 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John, E. Everett</i>
	Address <i>Lumberville</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Menther Patts

Town

County

Died at New Church Hill - 29 Co

MARYLAND

Date 1903 - Nov 6 - Y. M. D. Native of Md Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Marion E Patts Mother's Name Matie Stanton

Maiden Name

Cause of Death Primary. Killed by horse, in abdomen 8 days

Immediate Peritonitis

How long sick

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address

J. H. G. Needon

Church Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Johnathan Sawell

Town

County

Died at *in Church Hill* *LA Co*

MARYLAND

Date 19 *13* *Nov* *18-* Month Day Y. M. D. Native of *Ind* Occupation *—*

Male White Married ~~Widow~~ ~~Divorced~~ *8-*

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living *8-*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Death { Primary
Immadiate

Old Age & Paralysis *2 weeks*

Asthma *Accident, Suicide, Homicide*

Reported by

Address

W. G. Leppage MD

Church Hill Md.

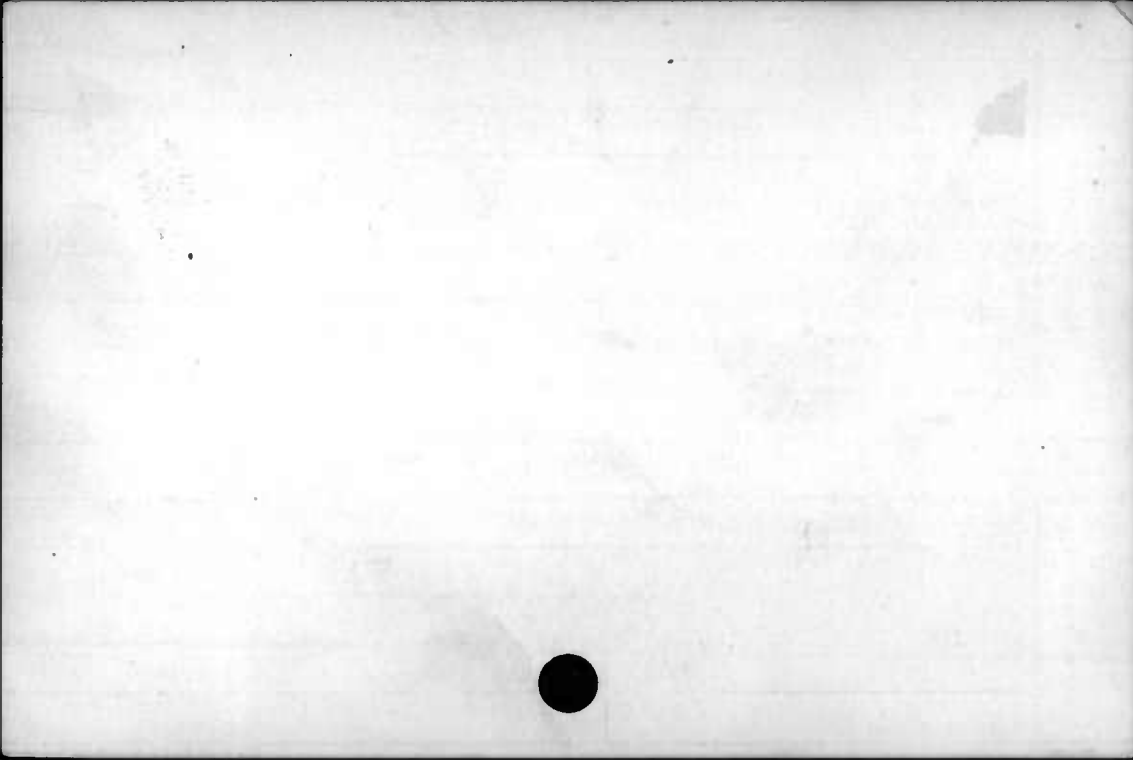
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

C. Hull

Trevel

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Stevensville</i>		County <i>Queen Anne</i>		MARYLAND
	Date of death 190 <i>3</i>	Month <i>Nov</i>	Day <i>8</i>	Age <i>84</i>	Years <i>11</i> Months <i>8</i> Days
	Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>	
	Married, Single or Widowed <i>Widow</i>		Occupation <i>general house work</i>		
	Name of Wife or Husband <i>John A Stamm</i>				
	Father's Name			Father's Birthplace <i>Germany</i>	
	Mother's Maiden Name <i>Elizabeth Kirtch 90</i>			Mother's Birthplace <i>Germany</i>	
	Name of person giving information <i>Elizabeth Koebus</i>			How related to deceased <i>daughter</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Capillary Bronchitis</i>			How long <i>about 10 days</i>	
	Immediate <i>Exhaustion</i>			How long	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>C Perry Kemp</i>	
				Address <i>Stevensville</i>	
Accident or Suicide?			<i>old.</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		Nov	7				12
Sex	Male		Color or Race	Black		Birth-place	Kent Island
Occupation	None		Where Residing if not at place of death		Kent Island		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	William G Sullivan					Father's Birthplace	Kent Island
Mother's Maiden Name	Effie V Wheeler					Mother's Birthplace	Baltimore
Name of person giving Information	Wm G Sullivan					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	dont know		How long	only short
Immediate	died suddenly		How long	time
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Wm G Sullivan		Address		Kent Island
Accident or Suicide?				99 Ma



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lallie Thompson</i>		Town <i>near Millington</i>		County <i>Jefferson</i>		State <i>Mississippi</i>	
Died at <i>near Millington</i>		Month <i>11</i>		Day <i>9</i>		Years <i>24</i>	
Date of death 190 <i>3</i>		Month <i>11</i>		Day <i>9</i>		Years <i>24</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Mid</i>		Months <i>—</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Domestic</i>		Months <i>—</i>		Days <i>—</i>	
Name of Wife or Husband <i>David Henry Thompson</i>		Occupation <i>Domestic</i>		Months <i>—</i>		Days <i>—</i>	
Father's Name <i>—</i>		Father's Birthplace <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Name of person giving information <i>David Henry Thompson</i>		How related to deceased <i>Husband</i>		Months <i>—</i>		Days <i>—</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Septicemia</i>	How long <i>not known</i>
Immediate <i>unconscious when called</i>	How long <i>not known</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr W H Jacobs</i>
Patient died <i>within 20 hours after I was called</i>	Address <i>Millington, Miss</i>
Accident or Suicide? <i>within 20 hours after I was called</i>	

Bureau
Mullington
Kent Co

Name

In
Full

Malinda A. Townsend-

CERTIFICATE OF DEATH

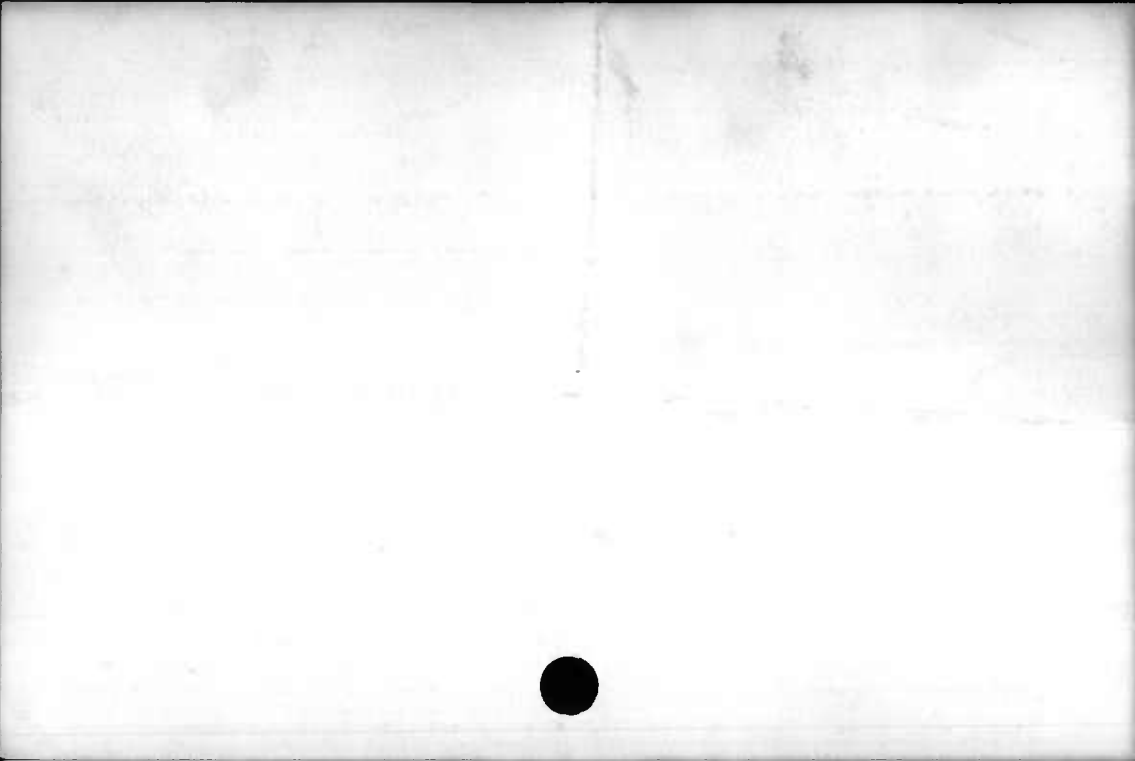
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bowzelm</i> Town			County <i>Queen Anne's</i>			MARYLAND		
Date of death <i>1903</i>	Month <i>November</i>	Day <i>5th</i>	Age <i>46</i>	Years	Months	Days		
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Caroline Co., Md.</i>				
Occupation <i>H. wife</i>			Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Geo. Thomas Townsend.</i>						
Father's Name <i>Thomas Brewington</i>			Father's Birthplace <i>Caroline Co</i>					
Mother's Maiden Name <i>Sarah Brewington</i>			Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Geo. T. Townsend</i>			How related to deceased <i>Husband.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Abscess of liver-</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Adams M.D.</i>
	Address <i>Wye Mills, Md.</i>
Accident or Suicide?	<i>Transportation</i>



Name in Full

Certificate of Death

Charles W. Maddell

Town

County

Died at

MARYLAND

Church Hill, La. Co.,

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

11,

2

Age

53,

Merchant

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

4

Husband

of

~~Wife~~

Father's

Name

George Maddell

Mother's

Name

Cause of

Primary

Diabetes unto Comploting 2 mo.

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

H. H. Mason
Church Hill, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Trask



Name
in
Full

Wilbert S. Walls

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crumpton</i> <small>Town</small>		<i>Queen Anne</i> <small>County</small>		MARYLAND		
Date of death 1903	Month <i>Nov</i>	Day <i>11</i>	Age <i>11</i>	Years <i>7</i>	Months <i>7</i>	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Crumpton Md</i>			
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name <i>Edward R Walls</i>			Father's Birthplace <i>Kent Co. Md</i>			
Mother's Maiden Name <i>Emma Emory</i>			Mother's Birthplace <i>Delaware</i>			
Name of person giving In formation <i>Father</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>Two weeks</i>
Immediate <i>Cerebral Meningitis</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. N. Sheppard M.D.</i>
	Address <i>Crumpton Md</i>
Accident or Suicide?	



Name in Full		Section Weeks				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death 1903		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth- place		
		Married, Single or Widowed		Occupation				
		Name of Wife or Husband						
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
Name of person giving In formation		How related to deceased						
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary				How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
						Address		
		Accident or Suicide?						

